

201-3833 Henning Drive Burnaby, BC V5C 6N5 eocp@eocp.ca www.eocp.ca

T 604.874.4784 F 604.874.4794 Toll Free 1.866.552.EOCP

## **OUTSTANDING STUDENT AWARD NOMINATION\* APPLICANT INFORMATION** Name: Phone: Date of birth: Email: Current address: City: Province/Territory: Postal Code: **EDUCATION INFORMATION** Current university/college: Address: City: Province/Territory: Postal Code: **ACADEMIC RECORD** Program of Study: Length of Program: End Date of Program: Level of Study: Course Load (%): Cumulative GPA: **CAREER GOALS**

COMMUNITY INVOLVEMENT		
EXTRACURRICULAR INVOLVEMENT		
REFERENCES		
Name	Email	Phone
	VERVETON CONTINE	
VERIFICATION SIGNATURE		
I verify that the information provided on this application is true.		
Signature of applicant:		Date:
For students enrolled in a 2-year Diploma program only		

<sup>\*</sup>For students enrolled in a 2-year Diploma program only